



## LICENSING INFORMATION COLLECTION AND ACCESS

The Information Practices Act (California Civil Code Section 1798.17) requires the following information to be provided when collecting information from individuals.

It is mandatory that you complete this application with all information that pertains to you and your business. Omission of any item of requested information will result in a delay of the application process and issuance of a license.

The information on this application is required pursuant to California Business and Professions Code Sections 19049 and 19050. The information provided will be used to determine qualifications for licensure as provided by Chapter 3, Division 8 of the Business and Professions Code. The information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address and telephone number:

PO Box 980580, West Sacramento, CA 95798-0580 or (916) 574-2041.

Disclosure of your Social Security Number (SSN - for sole ownerships) or Federal ID Number (FEIN - for partnerships) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorizes collection of your SSN and FEIN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 17520 of the Family Code, or for verification by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application for initial or renewal license will not be processed, and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Please submit your application to:

BHFTI Licensing, PO Box 980580, West Sacramento, CA 95798-0580,

or if via courier to:

BHFTI Licensing, 1625 N. Market Blvd., Suite S-100, Sacramento, CA 95834

***Keep this page for your reference – Do not mail with your application***

If you have difficulty accessing any material on this application because of a disability, please contact us via telephone at the number or email address listed at the top of the application and we will work with you to make the information available.



## THERMAL INSULATION MANUFACTURER APPLICATION FOR LICENSE - FEE \$2,000

Make check or money order payable to BHFTI. Checks or money orders must be from a United States bank in United States currency. Each license is issued for a one-year period.

You must complete each section of the application. An original signature is required to process the application. Please print neatly or type.

<i>For Dept Use Only</i>
Receipt #
Fee:
ATS ID#
License #
Registry #

<b>SECTION 1: Applicant Information</b>			
1) Name of Business		Name of Parent Corporation	
2) Name of Applicant			
3) Area Code & Phone Number	Area Code & Fax Number	Web Site Address (URL)	
4) Address of Business:			
5) Mailing Address:			
6) Contact Person		Phone number	Email address
6) Have you or your firm ever held a license issued by BHFTI? Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #		Expiration Date:	
<b>SECTION 2: Please check the type of insulation(s) you manufacture:</b>			
<input type="checkbox"/> Cellulose Fiber <input type="checkbox"/> Cellular Glass <input type="checkbox"/> Fiber Glass <input type="checkbox"/> Isocyanurate <input type="checkbox"/> Mineral Aggregate <input type="checkbox"/> Perlite		<input type="checkbox"/> Polystyrene <input type="checkbox"/> Reflective Foil <input type="checkbox"/> Rock Wool <input type="checkbox"/> Urea-Formaldehyde <input type="checkbox"/> Urethane <input type="checkbox"/> Vermiculite	
<input type="checkbox"/> Other: (Please list)			

**SECTION 3: Owner/Principal Information – Signatures/Certification****For Sole Owner: Provide name, address, Social Security Number (SSN)****For Partnership: Provide names, addresses, Federal Employer Identification Number (FEIN)****For Corporations: Provide names, addresses of officers (provide attachment if additional space is needed)**

Name:	Title or Position:
SSN (Sole Owner):	FEIN (Partnership):
Address:	
Name:	Title or Position:
SSN (Sole Owner):	FEIN (Partnership):
Address:	
<b><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Home Furnishings and Thermal Insulation.</i></b>	
Individual or Partnership: Applications for partnership must be signed by each partner.	Corporation: Must be signed by a principal officer (e.g. President, CEO, etc.)
Signature	Signature
Print Name	Print Name
Signature	Signature
Print Name	Print Name
Date:	